

# United States District Court

DISTRICT OF

MASSACHUSETTS

CENTRAL STATES, SOUTHEAST AND  
SOUTHWEST AREAS, HEALTH AND  
WELFARE FUND

V.

SMITHKLINE BEECHAM CORPORATION AND  
GLAXOSMITHKLINE, PLC

SUMMONS IN A CIVIL CASE  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

CASE NUMBER:

04-10817 WGY

TO: (Name and address of defendant)

GLAXOSMITHKLINE, PLC  
GLAXO WELLCOME HOUSE  
BERKELEY AVE.  
GRENFORD, MIDDLESEX  
UB6 ONN  
UNITED KINGDOM

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

MICHAEL P. THORNTON, ESQ.  
THORNTON & NAUMES LLP  
100 SUMMER ST., 30TH FL  
BOSTON MA 02110

ROBERT T. NAUMES ESQ.  
THORNTON & NAUMES LLP  
100 SUMMER ST., 30TH FL  
BOSTON MA 02110

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(BY) DEPUTY CLERK



7/26/04

# RETURN OF SERVICE

Service of the Summons and Complaint was made by me <sup>1</sup>	DATE 7-19-04
NAME OF SERVER (PRINT) ROBERT T. NAUMES	TITLE ATTORNEY
Check one box below to indicate appropriate method of service	

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): Complaint was served Return Receipt Requested for International Mail  
Receipt attached

STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 7-19-04  
Date

Robert T. Naumes  
Signature of Server Robert T. Naumes  
Morrison + Naumes LLP  
100 Summer St 30th FL Boston MA 02110  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

REGISTERED MAIL		POSTMARK	
To Be Completed By Post Office	Reg. Fee \$	7.50	Special \$
	Handling \$		Delivery
	Charge		Return \$
	Postage \$	4.80	Receipt
			Restricted \$
Received by		UNIT ID: 0112	
		Clerk: YOMPO	
		05/28/04	
		Domestic Insurance is Limited To \$25,000; International Indemnity Is Limited (See Reverse)	
To Be Completed By Customer (Please Print) All Entries Must Be in Ball Point or Typed	Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
	FROM	Rm Thornton + Naumes WP	
		100 Summer St 30th FL	
		Boston MA 02110	
	TO	GlaxoSmithKline Inc Glaxowellcome House Berkeley Ave Grenford, Middlesex UB6 0NN UK	

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)  
 April 1991 (See Information on Reverse)

Completed at destination.  
(A compléter à destination.)

Completed by the office of origin.  
(A remplir par le bureau d'origine.)

Item Description: Registered ☐ Letter ☒ Matter ☐ Other ☐ (Article (Envoi) (Lettre) (Matière) (Autre) attestée)

Nature de l'envoi: ☐ Article (Envoi) recommandé ☐ Insured Value (Valeur déclarée) Article Number: 26024377091

Insured Parcel ☐ (Coils avec valeur déclarée) Insured Value (Valeur déclarée) Date of Posting (Date de dépôt): 5-28-04

Office of Mailing (Bureau de dépôt): Alameda County Jail

Addressee Name or Firm (Nom ou raison sociale du destinataire): Alameda County Jail

Address: 1000 California St

City: San Francisco

State and No. (État et No.): CA 94109

Place and county (Localité et pays): San Francisco CA


This receipt must be signed by: (1) the addressee, or (2) a person authorized to sign under the regulations of the country of destination, or (3) if these regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier de destination à l'expéditeur.)

The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)

Signature of Addressee (Signature du destinataire): \_\_\_\_\_

Signature of Destination Employee (Signature de l'agent du bureau de destination): \_\_\_\_\_

Date: \_\_\_\_\_

Postmark of the office of destination (Timbre du bureau de destination): 

Form 2865, February 1997 (Reverse)